Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6012587 01/30/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7300 34TH AVENUE CENTENNIAL REHAB & HEALTHCARE MOLINE, IL 61265** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification \$9999 Final Observations S9999 Statement of Licensure Violations: Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 III. Adm. Code 955). 955.220 a)b)c)d) Section 955.220 Health Care Employer Files The health care employer shall retain on file for a period of 5 years records of criminal records requests for all employees. The health care employer shall retain a copy of the disclosure and authorization forms, a copy of the livescan request form, all notifications resulting from the fingerprint-based criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of \$500 shall be imposed for failure to maintain these records. (Section 50 of the Act) If the Health Care Worker Registry indicates that the employee had no disqualifying Attachment A criminal offenses or administrative findings at the Statement of Licensure Violations time of hire, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 02/13/20

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Illinois Department of Public Health						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012587	B WING		01/:	30/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CENTENNIAL REHAB & HEALTHCARE 7300 34TH AVENUE MOLINE, IL 61265						
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE	
	screen print of the bage, which docume conduct an Internet the links provided the Worker Registry and web sites that would being hired. No add those web sites sharemployee's file. d) The health of copy of the docume the employee's personation accessible. This regulation is not based on observative, the facility far employee file include.	care employer shall retain a background check initiation ents that the employer did search of the web sites from arough the Health Care d found no results from those d prevent the employee from ditional screen prints from all be required in the care employer shall maintain a ents required in this Section in sonnel file or other secure to the Department. In the province of the secure of the department of the department of the department on, interview, and recording background checks.	S9999			
	residents in the faci Findings include: Federal Form 672 of resided in the facility On 1/29/2020 at 3: asked for V13, CNA employee file. On 1, Administrator, was a employee file. At 10 entire file could not of background check stated that the previ- employee records of and V13's couldn't be	documents 82 residents y on 1/28/2020. 30 PM, V1, Administrator, was A (Certified Nurse Assistant), /30/2020 at 8:45 AM, V1, again asked for V13's b:15 AM, V1 stated that V13's be found, including any record ks or disciplinary action. V1 ious staff person in charge of lidn't keep them in good order				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6012587 01/30/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7300 34TH AVENUE CENTENNIAL REHAB & HEALTHCARE MOLINE, IL 61265** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 she has worked for the facility for approximately two months. Facility Policy/Abuse Prohibition Program, dated 2016, documents: A criminal background check is completed on all employees as required. The facility complies with the requirements set forth in the Healthcare Worker Background Check Act. (B)